

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.	10/031188	Filing Date
Applicant(s)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	I					
3	I					
4	I					
5	I					
6	I					
7	I					
8	I					
9	I					
10	I					
11	J					
12	I					
13	I					
14	I					
15	I					
16	I					
17	I					
18	I					
19	I					
20	I					
21	I					
22	I					
23	I					
24	I					
25	I					
26	I					
27	I					
28	I					
29	I					
30	I					
31	I					
32	I					
33	I					
34	I					
35	I					
36	I					
37	I					
38	I					
39	I					
40	I					
41	I					
42	I					
43	I					
44	I					
45	I					
46	I					
47	I					
48	I					
49	I					
50	I					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*	*
IND.	DEP.	IND.	DEP.
51	I		
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.	5		
TOTAL DEP.	46		
TOTAL CLAIMS	51		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831